<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06/15/2013</u>	Address:	205 South 5 th Street
Incident #:			Mitchell, Indiana
County :	<u>Lawrence</u>		<u>47446</u>
<u>Type of Laboratory Seizure</u> (check one) <u>Seizure Location</u> (check all that apply)			
_	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: Boarding house
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): Northeast bedroom/Northern Living room			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Northeast and Northwest Bedroom			
Water Reactive Metal (Lithium): Northeast and Northwest Bedroom and living room			
☐ Hydrochloric Acid Gas Generator(s): Northeast bedroom			
Anhydrous Ammonia:			
☐ Corrosive Acid: Northeast bedroom			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often Living conditions of home: ☐ clean ☒ disarray ☒ unclean Estimated length of time manufacturing had been occurring: Unknown Additional Information:			
This repor	t has been faxed* to the following a	gencies that serve th	<u>e location</u> :
Health Dep	tment: Marion Twship partment: Lawrence County t of Child Services: NA	Fax: <u>email</u> Fax: <u>email</u> Fax:	<u>ed</u>
	information regarding this methamph ng Officer: <u>Joshua ALlen</u> Pho	etamine laboratory, c ne <u>8123324411</u>	ontact

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.